

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF MINNESOTA

Case number (if known) Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Twin Cities Health Services, Inc.

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 82-3009877

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

3255 Hennepin Avenue South
Minneapolis, MN 55408
Number, Street, City, State & ZIP Code

P.O. Box, Number, Street, City, State & ZIP Code

Hennepin
County

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) https://www.twinchs.com/

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

Debtor Twin Cities Health Services, Inc. Case number (if known) _____
Name

7. Describe debtor's business A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☐ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

6214

8. Under which chapter of the Bankruptcy Code is the debtor filing? Check one:

- ☐ Chapter 7
☐ Chapter 9

☒ Chapter 11. Check **all** that apply:

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?
☐ No.
☒ Yes.

If more than 2 cases, attach a separate list.

District	<u>District of Minnesota</u>	When	<u>4/26/24</u>	Case number	<u>24-41124</u>
District	_____	When	_____	Case number	_____

Debtor Twin Cities Health Services, Inc. Case number (if known) _____
Name

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? ☒ No ☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor Relationship
District _____ When _____ Case number, if known _____

11. Why is the case filed in this district? Check all that apply:
- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention? ☒ No ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other _____

Where is the property? _____

Number, Street, City, State & ZIP Code

Is the property insured?

☐ No

☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds Check one:
- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors
- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated Assets
- | | | |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input checked="" type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

16. Estimated liabilities
- | | | |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
|---|--|--|

Debtor	Twin Cities Health Services, Inc.		Case number (if known)
	Name		
	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
	<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
	<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

Debtor Twin Cities Health Services, Inc. Case number (if known) _____
Name

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 17, 2024
MM / DD / YYYY

X /s/ Guled Mohamoud
Signature of authorized representative of debtor

Title CEO

Guled Mohamoud
Printed name

18. Signature of attorney

X /s/ Steven R. Kinsella
Signature of attorney for debtor

Date June 17, 2024
MM / DD / YYYY

Steven R. Kinsella 392289
Printed name

Fredrikson & Byron, P.A.
Firm name

60 South 6th Street, Suite 1500
Minneapolis, MN 55402
Number, Street, City, State & ZIP Code

Contact phone 612.492.7000 Email address skinsella@fredlaw.com

392289 MN
Bar number and State

Fill in this information to identify the case:

Debtor name Twin Cities Health Services, Inc.
 United States Bankruptcy Court for the: DISTRICT OF MINNESOTA
 Case number (if known): _____

☐ Check if this is an
 amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
ADP 8100 Cedar Avenue Minneapolis, MN 55425	Adam Goby adam.goby@adp.com	Business Debt				\$141,000.00
Bank of America 100 North Tryon Street Charlotte, NC 28255		Business SBA EIDL Loan				\$66,300.00
Bank of America 100 North Tryon Street Charlotte, NC 28255		Business PPP Loan				\$7,887.00
Breakthrough Capital 299 Park Avenue New York, NY 10017		Business Debt				\$202,000.00
Health Management Associates 220 South King Street Suite 1200 Honolulu, HI 96813	dmarks@healthmanagement.com	Business Debt				\$13,005.33
Intuit Payroll NSF 2700 Coast Avenue Mountain View, CA 94043	iccerrato@ggrinc.com	Business Debt				\$98,162.04
Newco 1202 Ralston Avenue San Francisco, CA 94129	admin@newcocapitalgroup.com	Business Debt				\$96,000.00
Procentives/Therapy Brands 2321 Jack Breault Drive Suite 100 Hudson, WI 54016		Business Debt				\$139,996.00

Debtor Twin Cities Health Services, Inc.
Name

Case number (if known) _____

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Versique 6465 Wayzata Blvd. Suite 800 Minneapolis, MN 55426		Business Debt				\$85,000.00
Winthrop & Weinstein Attn: Cynthia Hegarty 225 South Sixth Street, Suite 3500 Minneapolis, MN 55402	Cynthia Hegarty chegarty@winthrop.com 612-604-6400	Business Debt				\$6,608.57

ADP
8100 CEDAR AVENUE
MINNEAPOLIS MN 55425

ALGO REALTY INC.
ATTN: GRIGORIY GORSHTEYN
5003 UNIVERSITY AVE NE
COLUMBIA HEIGHTS MN 55421

BANK OF AMERICA
100 NORTH TRYON STREET
CHARLOTTE NC 28255

BLUE CROSS BLUE SHIELD
401 HARDING STREET NE, SUITE 100
MINNEAPOLIS MN 55413

BREAKTHROUGH CAPITAL
299 PARK AVENUE
NEW YORK NY 10017

CHTD COMPANY
PO BOX 2576
SPRINGFIELD IL 62708

COREFUND CAPITAL, LLC
640 TAYLOR STREET, SUITE 1200
FORT WORTH TX 76102

CORPORATION SERVICE CO., AS REP.
PO BOX 2576
SPRINGFIELD IL 62708

DENNIS INVESTMENTS
ATTN: LESLIE DENNIS
1214 YALE PLACE
MINNEAPOLIS MN 55403

DEPARTMENT OF HUMAN SERVICES
LEGAL COUNSEL'S OFFICE
444 LAFAYETTE ROAD N.
SAINT PAUL MN 55155

FUNDTHROUGH USA, INC.
3730 KIRBY DRIVE, SUITE 1200
HOUSTON TX 77098

GULED MOHAMOUD
3255 HENNEPIN AVENUE SOUTH
MINNEAPOLIS MN 55408

HEALTH MANAGEMENT ASSOCIATES
220 SOUTH KING STREET
SUITE 1200
HONOLULU HI 96813

HEALTH PARTNERS
4730 CHICAGO AVENUE
MINNEAPOLIS MN 55407

INTERNAL REVENUE SERVICE
PO BOX 7346
PHILADELPHIA PA 19101-7346

INTUIT PAYROLL NSF
2700 COAST AVENUE
MOUNTAIN VIEW CA 94043

KNIGHTSBRIDGE FUNDING, LLC
40 WALL STREET, SUITE 2903
NEW YORK NY 10005

LEVINSON ARSHONSKY KURTZ & KOMSKY, LLP
ATTN: CASEY Z. DONOYAN
15303 VENTURA BLVD. SUITE 1650
SHERMAN OAKS CA 91403

MINNESOTA DEPARTMENT OF HEALTH
ATTN: WENDY UNDERWOOD, COMMISSIONER
PO BOX 64975
SAINT PAUL MN 55164-0975

MINNESOTA DEPARTMENT OF HUMAN SERVICES
ATTN: COMISSIONER
540 CEDAR STREET
SAINT PAUL MN 55101

MINNESOTA DEPARTMENT OF HUMAN SERVICES
ATTN: JODI HARPSTEAD
444 LAFAYETTE ROAD
SAINT PAUL MN 55155

MN DEPARTMENT OF REVENUE
COLLECTION DIVISION
PO BOX 64564
ST. PAUL MN 55164-0564

NAIMO OSMAN
12769 ERSKIN CIRCLE NE
BLAINE MN 55449

NEWCO
1202 RALSTON AVENUE
SAN FRANCISCO CA 94129

PROCENTIVES
2321 JACK BREAUULT DRIVE
SUITE 100
HUDSON WI 54016

PROCENTIVES/THERAPY BRANDS
2321 JACK BREAUULT DRIVE
SUITE 100
HUDSON WI 54016

U.S. SMALL BUS. ADMIN.
409 3RD ST, SW
WASHINGTON DC 20416

UCARE
500 STINSON BOUELVARD
MINNEAPOLIS MN 55413

ULINE
12575 ULINE DRIVE
PLEASANT PRAIRIE WI 53158-3686

ULLMAN & ULLMAN, P.A.
ATTN: JARED ULLMAN
2500 NORTH MILITARY TRAIL, SUITE 100
BOCA RATON FL 33431

UNITED HEALTH GROUP
PO BOX 1459
MINNEAPOLIS MN 55440

US BANK
PO BOX 5229
CINCINNATI OH 45201-5229

US BANK AUTO LOAN
PO BOX 790179
SAINT LOUIS MO 63179

US MED CAPITAL
1031 IVES DAIRY ROAD, SUITE 240
MIAMI FL 33179

VERSIQUE
6465 WAYZATA BLVD. SUITE 800
MINNEAPOLIS MN 55426

WINTHROP & WEINSTEIN
ATTN: CYNTHIA HEGARTY
225 SOUTH SIXTH STREET, SUITE 3500
MINNEAPOLIS MN 55402